

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

Ellen Rate

□ 100

APPLICATION AS FILED – PART I

(Column 1)

(Column 2)

ENTITY

Index to

OTHER THAN
SMALL ENTERPRISES

(Column 1)		(Column 2)		SMALL ENTITY		OR		SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEES (\$)	RATE (\$)	FEES (\$)	OR	RATE (\$)	FEES (\$)
<input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A		N/A			N/A	
<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(n) (i), or (m))	N/A	N/A	N/A		N/A			N/A	
<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A	N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =	*	X \$ =		X \$ =		OR	X \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X \$ =		X \$ =			X \$ =	
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(l))									
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL			TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

	(Column 1)	(Column 2)	(Column 3)					
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	+	Minus	**	=	X \$ =		OR X \$ =	
Dependent (37 CFR 1.16(i))	+	Minus	***	=	X \$ =		OR X \$ =	
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))								
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								
					TOTAL ADD'L FEE			
							TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Legal Instrument Examiner:
/ZURIASHWORK ZENEBE/

U.S. GOVERNMENT PRINTING OFFICE: 1940 14-1450. DO NOT SEND TELETYPE COPY.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.